Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 07/31/1961

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
OHIOHEALTH CORPORATION

180 E. BROAD ST
COLUMBUS, OH 43215

2b Employer Identification Number (EIN) 31-4394942

2c Plan Sponsor's telephone number 614-544-4570

2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2017	LISA MEDDOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	16779
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	10349
a(2) Total number of active participants at the end of the plan year	**6a(2)**	9729
b Retired or separated participants receiving benefits	**6b**	1030
c Other retired or separated participants entitled to future benefits	**6c**	5262
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	16021
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	249
f Total. Add lines **6d** and **6e**.	**6f**	16270
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	33
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) Insurance	[ ]	**(1)** Insurance	[ ]
(2) Code section 412(e)(3) insurance contracts	[ ]	**(2)** Code section 412(e)(3) insurance contracts	[ ]
(3) Trust	[X]	**(3)** Trust	[X]
(4) General assets of the sponsor	[ ]	**(4)** General assets of the sponsor	[ ]

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [X] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
OHIOHEALTH CORPORATION

D Employer Identification Number (EIN)
31-4394942

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	538003420
b Actuarial value	**2b**	552293740

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1006	51094914	51094914
b For terminated vested participants	5421	74318198	74318198
c For active participants	10349	300092643	310251005
d Total	16776	425505755	435664117

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.05 %
6 Target normal cost	**6**	25929598

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/19/2017
Date

LORI A. DEVORE
Type or print name of actuary

17-05257
Most recent enrollment number

AON CONSULTING, INC.
Firm name

614-436-8100
Telephone number (including area code)

445 HUTCHINSON AVE
SUITE 900
COLUMBUS, OH 43235
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.43%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		56829829
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.27%		3563230
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		60393059
	d Portion of (c) to be added to prefunding balance		60393059
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	60393059

Part III Funding Percentages

14	Funding target attainment percentage	14	112.90%
15	Adjusted funding target attainment percentage	15	126.77%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.91%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/13/2017	11000000	0			
04/14/2017	9000000	0			
07/14/2017	3250000	0			
09/15/2017	3250000	0			
			Totals ► 18(b)	26500000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	24611338

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	25929598
b Excess assets, if applicable, but not greater than line 31a	**31b**	25929598

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	24611338
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	24611338
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
OHIOHEALTH CORPORATION

D Employer Identification Number (EIN)
31-4394942

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CITY OF LONDON INVESTMENT MGMT. LTD
77 GRACECHURCH STREET
LONDON, ENGLAND EC3V0AS GB

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKSTONE ALTERNATIVE ASSET MGMT.

13-3702086

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SELECT EQUITY GROUP, L.P.
380 LAFAYETTE STREET, 6TH FLOOR
NEW YORK, NY 10003

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 70	NONE	819161	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CLARION PARTNERS LLC

13-3379970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	379311	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

PRISMA CAPITAL PARTNERS LP

13-2857105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	238516	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

INCOME RESEARCH & MGMT. INC.

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	185446	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

LAZARD ASSET MANAGEMENT, LLC

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	126278	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	INVESTMENT CONSULTANTS	118008	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	113709	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

WILLIAM BLAIR & COMPANY, LLC

36-2214610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68 50 51	NONE	94158	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MONDRIAN INVESTMENT GROUP (US), INC

56-2475915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	88604	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GRYPHON INTERNATIONAL INVESTMENT CO

20 BAY STREET SUITE 1905
TORONTO, ONTARIO M5J2N8 CN

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 68 50 51	INVESTMENT MANAGER	54704	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

AON CONSULTING GROUP

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	35000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

SANDERSON

250 SOUTH WACKER DRIVE
SUITE 220
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	33653	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PLANTE & MORAN, PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	INDEPENDENT AUDITOR	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

BAKER & HOSTETLER, LLP

CAPITOL SQUARE
65 EAST STATE STREET SUITE 2100
COLUMBUS, OH 43215-4260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	9830	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

DIMENSIONAL FUND ADVISORS LP

30-0447847

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

INVESTMENT COUNSELORS OF MD, LLC

52-2345054

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 49 68	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRISMA CAPITAL PARTNERS LP	28	238516

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRISMA SPECTRUM FUND 13-2857105	MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIMENSIONAL FUND ADVISORS, LP	28 68	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DFA INTERNATIONAL VALUE PORTFOLIO 95-4453303	INVESTMENT MANAGEMENT FEE (AFTER FEE WAIVER-0.40%) (EXCLUDING FEE WAIVER-0.60%)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
INVESTMENT COUNSELORS OF MD, LLC	28 49 68	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AIC ICM SMALL COMPANY PORTFOLIO 23-2539944	MANAGEMENT FEES ARE APPROX. 0.70% OF AVERAGE DAILY ASSETS UNDER MANAGEMENT. ICM HAS SOFT DOLLAR ARRANGEMENTS WITH CERTAIN BROKERS. THESE ARRANGEMENTS ARE USUALLY STRUCTURED AS RATIOS RANGING FROM 1.25:1 TO 1.60:1. OTHER EXPENSES TOTAL APPROX.0.25%.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: MEGAN E. SCHAFFERNOCKER
b EIN: 13-2834414
c Position: ENROLLED ACTUARY
d Address: 325 JOHN H MCCONNELL BLVD.
SUITE 350
COLUMBUS, OH 43215-2671
e Telephone: 614-227-5500

Explanation: THE CHANGE IN ACTUARY IS DUE TO REVIEWING PROPOSAL FOR THE WORK AND CHOOSING A NEW ACTUARY.

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OHIOHEALTH CORPORATION

D Employer Identification Number (EIN)
31-4394942

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 INDEX

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-095	C	55938447

a Name of MTIA, CCT, PSA, or 103-12 IE: GRYPHON INTL EAFE GROWTH GROUP FUND

b Name of sponsor of entity listed in (a): GRYPHON INTL INVESTMENT CORPORATION

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
98-0444411-001	E	14608848

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD EM SMALL CAP EQUITY TRUST FD

b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-3626181-001	E	12873801

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE LONG-TERM BOND INDEX

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-060	C	102458705

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
OHIOHEALTH CORPORATION

D Employer Identification Number (EIN)
31-4394942

Part I **Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible**

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
OHIOHEALTH CORPORATION	PLAN SPONSOR	INADVERTENT LOAN FROM THE PLAN OF $18,201 DURING THE PLAN YEAR ENDED, DECEMBER 31, 2015	

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
	18201				

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
OHIOHEALTH CORPORATION

D Employer Identification Number (EIN)
31-4394942

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	26036	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	35000000	26500000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	302279	4770
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2446890	2768982
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	286652	274719
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	13135018	13910787
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	147129204	158397152
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	21763753	27482649
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28071525	14407533
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	290731631	327730169

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	538892988	571476761
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	538892988	571476761

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	26500000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		26500000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	53898	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	1778520	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1832418
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	114064	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	631359	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		745423
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	34553094	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		34553094

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		63630935
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27933657	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		27933657
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	992000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1063841	
(4) Other	2i(4)	1057664	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3113505
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		31047162
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		32583773
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PLANTE & MORAN, PLLC **(2)** EIN: 38-1357951

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d	X		18201
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3998625. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
OHIOHEALTH CORPORATION

D Employer Identification Number (EIN)
31-4394942

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-1867445

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 512

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 27.6 % Investment-Grade Debt: 57.3 % High-Yield Debt: 0.0 % Real Estate: 5.7 % Other: 9.4 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes	☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Current year" ADP test	☐ "Prior year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.

Financial Statements and Supplemental Schedules

OhioHealth Cash Balance Retirement Plan
Years Ended December 31, 2016 and 2015
With Report of Independent Auditors

OhioHealth Cash Balance Retirement Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2016 and 2015

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plante moran

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Independent Auditor's Report

To the Audit Committee
OhioHealth Cash Balance Retirement Plan

We have audited the accompanying financial statements of OhioHealth Cash Balance Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Praxity
MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

To the Audit Committee
OhioHealth Cash Balance Retirement Plan

Opinion

In our opinion, the financial statements referred to above, present fairly, in all material respects, the net assets of the Plan as of December 31, 2016 and 2015 and the changes in net assets for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As explained in Note 6, the financial statements include investments valued at approximately $355,200,000 (62 percent of net assets) at December 31, 2016 and $312,500,000 (58 percent of net assets) at December 31, 2015, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the investment managers. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2016 and schedules of reportable transactions and nonexempt transactions for the year then ended are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Moran, PLLC

Columbus, Ohio
September 25, 2017

OhioHealth Cash Balance Retirement Plan

Statement of Net Assets Available for Benefits

	December 31	
	2016	**2015**
Assets		
Cash	**$ -**	$ 26,036
Investments-at fair value:		
Interest-bearing cash	**2,768,982**	2,446,890
Corporate, municipal, and foreign obligations	**274,719**	286,652
Corporate and foreign stocks	**13,910,787**	13,135,018
Mutual funds	**14,407,533**	28,071,525
Common and Collective Trust valued at NAV (net asset value)	**158,397,152**	147,129,204
103-12 Investment entities valued at NAV	**27,482,649**	21,763,753
Alternative investments / Limited Partnerships valued at NAV	**327,730,169**	290,731,631
	544,971,991	503,564,673
Receivables:		
Contributions receivable from OhioHealth Corporation	**26,500,000**	35,000,000
Accrued interest	**4,770**	302,279
	26,504,770	35,302,279
Net assets available for benefits	**$ 571,476,761**	$ 538,892,988

See accompanying notes.

OhioHealth Cash Balance Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Years ended December 31	
	2016	**2015**
Additions		
Interest and dividends	**$ 2,577,841**	$ 2,910,085
Contributions from OhioHealth Corporation	**26,500,000**	60,500,000
	29,077,841	63,410,085
Deductions		
Benefit payments to participants	**27,933,657**	27,824,331
Professional fees	**992,000**	976,656
Investment advisory and management fees	**1,063,841**	973,149
Other administrative expenses	**1,057,664**	988,176
	31,047,162	30,762,312
Net realized and unrealized gain/(loss) on investments	**34,553,094**	(6,644,562)
Net increase	**32,583,773**	26,003,211
Net assets available for benefits at beginning of year	**538,892,988**	512,889,777
Net assets available for benefits at end of year	**$ 571,476,761**	$ 538,892,988

See accompanying notes.

OhioHealth Cash Balance Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The OhioHealth Cash Balance Retirement Plan (the Plan) is a non-contributory defined benefit plan which provides for retirement, death and disability benefits. The Plan Sponsor is OhioHealth Corporation (OhioHealth). All eligible employees of OhioHealth and any related entity that has adopted the Plan as a participating employer, and who were hired prior to January 1, 2012, may participate in this Plan. Effective January 1, 2012, OhioHealth froze entrance for new associates to the Plan. For associates hired after January 1, 2012, OhioHealth offers a defined contribution savings plan with an annual matching employer contribution and an automatic annual retirement contribution (for those who qualify).

The Corporation has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Corporation's present intention is to make contributions in amounts that are at least sufficient to meet the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements. The Plan has met the ERISA minimum funding requirements.

The Plan is a cash balance defined benefit pension plan, which reports accrued benefits to participants in the form of hypothetical individual account balances. Account balances are increased each year by a percentage, based on the sum of age plus service, of the employee's compensation plus an investment credit rate determined annually, based on the greater of the average yield of the five-year treasury bond over the last quarter of the preceding year or 2.73%. The credit rate used by the Plan was 2.73% for 2016 and 2015.

Should the Plan terminate at some future time, its net assets may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the plan's *Summary Plan Description*. Copies of this document are available in the OhioHealth Benefits Department.

Party-in-Interest Transactions

Certain assets are in investments managed by The Northern Trust Company or their affiliates. The Northern Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

1. Description of the Plan (continued)

Party-in-Interest Transactions (continued)

During 2015, a certain nonexempt transaction with a party in interest occurred when assets of the Plan, totaling approximately $18,000 were inadvertently refunded to the plan sponsor. This transaction is reported within the schedule of nonexempt transactions. The Plan sponsor repaid these amounts and lost earnings to the Plan in 2016.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 25, 2017, which is the date the financial statements were available to be issued.

2. Significant Accounting Policies

Valuation of Investments

Investments are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. U.S. government and agency securities and corporate bonds, municipal and foreign obligations shown in the statement of net assets available for benefits for securities that have no quoted market price, are valued at estimated fair value. Estimated fair value amounts have been determined using available market information and various valuation methods depending on the type of instrument. In evaluating the fair value information, considerable judgment is required to interpret the market data used to develop the estimates.

Investments in 103-12 investments entities and the common and collective trust are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' net underlying assets. Investments in limited partnerships are valued at the net asset value per share, which is based on the audited financial statements with adjustments to account for partnership activity and other applicable valuation adjustments. Mutual funds and common stocks are valued at quoted market prices. Interest-bearing cash investments are valued at their outstanding balances, which approximates fair value. See Note 7 for additional information.

2. Significant Accounting Policies (continued)

Valuation of Investments (continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Administrative Expenses

Administrative expenses are paid directly by the Plan. Administrative expenses are principally for actuarial services and audit services, investment advisory and management fees, and PBGC insurance premiums. In addition, the Corporation provides other accounting and administrative services to the Plan at no charge.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are those estimated future payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' hypothetical individual account balances. The accumulated plan benefits for active employees are based on their annual compensation for the period of credited service preceding the valuation date. Benefits payable under all circumstances-retirement, death, disability, and termination of employment-are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Benefit Payments

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Accumulated Plan Benefits

The Plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefits at the beginning of the plan year, based upon the latest available actuarial valuation, are as follows:

	January 1, 2016
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	**$ 50,918,876**
Other participants	**366,323,824**
	417,242,700
Nonvested benefits	**8,605,309**
Total actuarial present value of accumulated plan benefits	**$ 425,848,009**

	January 1, 2016
Actuarial present value of accumulated plan benefits At January 1, 2015	**$ 439,656,942**
Increase (decrease) during the year attributable to:	
Benefits accumulated	**32,951,142**
Interest due to increase for the discount period	**25,135,869**
Benefits paid	**(27,824,331)**
Change in actuarial assumptions	**(44,071,613)**
Net decrease	**(13,808,933)**
Actuarial present value of accumulated plan benefits At January 1, 2016	**$ 425,848,009**

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations as of January 1, 2016 are as follows:

Rate of return on investments:	6.40%
Mortality table:	RP-2014 employee and healthy annuitant mortality tables projected generationally from 2006 with mortality improvement scale MP-2016.
Actuarial Method:	The September 2015 minimum present value segment interest rates prescribed by IRC section 417(e).

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The changes in assumptions from the prior year include: the discount rate was updated from 5.90% to 6.40% to reflect a higher inflation rate and optimistic expectations for US economic growth, for the 2016 plan year, there was a change in the mortality table used by the actuary to develop the mortality assumptions, a change in the cash balance crediting rate from 2.73% for 2015 through 2017, 2.90% for 2018, 3.06% for 2019, 3.23% for 2020, 3.40% for 2021, 3.57% for 2022, 3.73% for 2023, and 3.90% for years after 2023 to 2.73% for all years. A change in the cash balance annuity conversion interest rates from a one year select and ultimate interest rate assumption with the first year's rates being the September 2014 minimum present value segment interest rates prescribed by IRC section 417(e) of 1.40%/3.98%/5.04% and the ultimate rates being 4.45%/5.10%/5.30% to the September 2015 minimum present value segment interest rates prescribed by IRC section 417(e) of 1.69%/4.11%/5.07%.

4. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service, dated June 18, 2014, indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying statements.

5. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics (see Note 3), all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported in the statements of net assets available for benefits.

6. Fair Value

Accounting Standards Codification (ASC) 820 clarifies the definition of fair value, establishes a framework for measuring fair value, and expands the disclosures for fair value measurements. ASC 820 provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access. Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals. Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

6. Fair Value (continued)

Disclosure concerning assets measured at fair value are as follows:

Assets and Liabilities Measured at Fair Value at December 31, 2016

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments				
Interest-bearing cash	$ -	$ 2,768,982	$ -	$ 2,768,982
Corporate, municipal, and foreign obligations	-	274,719	-	274,719
Corporate and foreign stocks	13,910,787	-	-	13,910,787
Mutual funds equity investments	14,407,533	-	-	14,407,533
Subtotal	28,318,320	3,043,701	-	31,362,021
Investment valued at NAV				
Fixed income [1]				102,458,705
Equities – domestic [2]				55,938,447
Equities – international [3]				12,873,801
Equities – international developed [4]				14,608,848
Multi-strategy hedge fund [5]				56,850,214
Emerging markets fund [6]				12,267,888
Real estate fund [7]				27,459,392
Equities – international [8]				16,566,537
Equities – international [9]				13,398,445
Fixed income long duration fund [10]				100,791,720
Fixed income long duration fund [11]				100,395,973
Total	**$ 28,318,320**	**$ 3,043,701**	**$ -**	**$ 544,971,991**

6. Fair Value (continued)

Assets and Liabilities Measured at Fair Value at December 31, 2015

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments				
Interest-bearing cash	$ -	$ 2,446,890	$ -	$ 2,446,890
Corporate, municipal, and foreign obligations	-	286,652	-	286,652
Corporate and foreign stocks	13,135,018	-	-	13,135,018
Mutual funds equity investments	28,071,525	-	-	28,071,525
Subtotal	41,206,543	2,733,542	-	43,940,085
Investment valued at NAV				
Fixed income [1]				102,861,243
Equities – domestic [2]				44,267,961
Equities – international [3]				11,878,192
Equities – international developed [4]				9,885,561
Multi-strategy hedge fund [5]				47,153,646
Emerging markets fund [6]				11,387,399
Real estate fund [7]				29,653,865
Equities – international [8]				20,495,286
Fixed income long duration fund [10]				91,020,644
Fixed income long duration fund [11]				91,020,791
Total	**$ 41,206,543**	**$ 2,733,542**	**$ -**	**$ 503,564,673**

6. Fair Value (continued)

(1) The purpose of the Fund is to provide a passive vehicle to access the United States domestic bond market. The Fund will be maintained by the Trustee with the objective of providing investment results that approximate the overall performance of the Barclay's Capital U.S. Long Term Government Bond Index (the "Index"). The Fund will be invested primarily in securities that comprise the Index, which includes, but may not be limited to: Fixed income securities of the U.S. Government or any agency thereof *and* other securities which the Trustee determines will help achieve the fund's objective.

(2) The primary objective of the fund is to approximate the risk and return characteristics of the Russell 1000 Index. This index is commonly used to represent the large cap segment of the U.S. market. To achieve its objective, the fund employs a replication technique which generally seeks to hold each index constituent in its proportional index weight.

(3) The Trust's investment objective is to achieve long-term capital appreciation by investing primarily in equity and equity-related securities of small cap companies that are located in, or do significant business in, emerging market countries. The Investment Manager utilizes a relative value investment philosophy through a process of bottom-up stock selection. This philosophy is implemented by assessing the trade-off between valuation and financial productivity for an individual security. The Investment Manager uses database screening, accounting validation, fundamental analysis and portfolio construction (focusing on macro-economic, political, portfolio and ESG issues risk) to select securities for inclusion in the Trust's portfolio. In searching for under-valued, under-appreciated, and financially productive stocks, the Investment Manager follows an investment process that incorporates three types of investment research – Analytic Framework, Accounting Validation, and Fundamental Analysis – as well as other investment selection techniques. The research is predominantly qualitative, although quantitative research is also used to a lesser extent.

(4) The investment objective of the Fund is capital appreciation. The Fund intends to achieve its objective by investing primarily in equity securities of issuers from developed markets located in Europe, Australasia and the Far East.

(5) Multi-strategy Hedge Funds of Funds that target attractive risk-adjusted returns through investments in a well-diversified group of hedge fund managers employing a variety of unique investment strategies including: Global Macro, Fixed Income Arbitrage, Event Driven, Credit Driven, Interest Rate Driven, and Long/Short Equity. The Hedge Funds of Funds are actively managed investment portfolios which attempt to produce stable long-term risk-adjusted returns with lower volatility and low correlation as compared to traditional asset classes.

6. Fair Value (continued)

(6) Employs a process that is centralized around the purchase and sale of emerging markets closed-end funds. Specifically, the fund seeks to identify and own closed-end funds that trade at a discount to management's estimate of fair market value. The fund is expected to consist of 90 to 110 closed-end funds, with each underlying fund holding approximately 70 securities.

(7) An open-end real estate fund that holds a strategically diversified portfolio of real estate assets across the five main property types in major markets located throughout the United States. The investment strategy is to manage a diversified portfolio of primarily institutional quality real estate assets and related investments. The primary performance objective is to combine an attractive income yield with long-term capital growth**.**

(8) Invests in stocks where rigorous dividend discount analysis isolates value in terms of the long-term flow of dividends. Dividend yield and future real growth play a central role in the investment decision making process and over time the dividend component is expected to be a meaningful portion of total expected return. At any given time, the portfolio is expected to consist of 70-120 international small cap equities.

(9) The Partnership's investment objective is to achieve maximum total return by investing primarily in equity securities of non-U.S. domiciled issuers. The approach involves selecting long term individual portfolio securities on the basis of rigorous research and fundamental analysis, and seeking to take opportunistic advantage of market inefficiencies by trading securities with a shorter time horizon.

(10) The Fund's objective is to outperform the benchmark index by investing fund assets in a diversified pool of long duration U.S. investment grade assets while seeking to maximize total return through a combination of income and capital appreciation. The "Benchmark Index" is the Barclays Capital Long US Credit Index. The fund will seek to increase total return primarily through active management of interest rate and credit risk. The Investment Adviser anticipates that optimal security selection and sector rotation will permit the construction of a portfolio that delivers consistent excess returns while exhibiting lower overall volatility. In seeking to achieve this objective, the Investment Adviser will also follow its credit selection process. The Investment Adviser's credit oriented investment process seeks to add value through both timely industry rotation and issuer selection.

(11) The Fund seeks to outperform the Barclays U.S. Long Credit Index, which measures the performance of U.S. dollar denominated investment grade corporate securities that have remaining maturities of ten years or more. Securities included in the Index have $250 million or more of outstanding face value and must be fixed rate and nonconvertible. The Fund's investment objective it to outperform the benchmark by utilizing a disciplined, bottom-up investment approach to seek what the Manager believes to be inefficiently priced securities with strong fundamentals. While the Manager is benchmark aware, the Fund's portfolio is not beholden to the Index's

6. Fair Value (continued)

composition and the most attractive opportunities are actively sought. As such, the Manager may deviate from Index sector and constituent weights and may use tactical allocations to the securitized bond sectors as a means of seeking diversification and outperformance.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2016 and 2015.

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in investment companies at year end where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

At December 31, 2016 the fair value and redemption rules of common and collective trusts, investments in 103-12 investment entities and limited partnerships are as follows:

	Investments Held at December 31, 2016			
	Net Asset Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common and Collective Trust				
Fixed income long duration fund	**$ 102,458,705**	-	**Daily**	**1 day**
Domestic large cap equity	**55,938,447**	-	**Daily**	**1 day**
103-12 Investment Entities				
Emerging markets closed-end funds	**12,873,801**	-	**Monthly**	**30 days**
International equities	**14,608,848**	-	**Monthly**	**5 days**
Alternative Investments – Limited Partnerships				
Emerging markets closed-end funds	**12,267,888**	-	**Monthly**	**30 days**
Real estate funds	**27,459,392**	-	**Quarterly**	**90 days**
International equities	**16,566,537**	-	**Monthly**	**15 days**
International equities	**13,398,445**	-	**Monthly**	**30 days**
Multi-strategy hedge fund	**27,997,482**	-	**Quarterly**	**65 days**
Multi-strategy hedge fund	**28,852,732**	-	**Semi Annual**	**95 days**
Fixed income long duration fund	**100,791,720**	-	**Weekly**	**5 Days**
Fixed income long duration fund	**100,395,973**	-	**Daily**	**5 days**
Total	$ **513,609,970**	-		

6. Fair Value (continued)

At December 31, 2015 the fair value and redemption rules of common and collective trusts, investments in 103-12 investment entities and limited partnerships are as follows:

	Investments Held at December 31, 2015			
	Net Asset Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common and Collective Trust				
Fixed income long duration fund	**$ 102,861,243**	**-**	**Daily**	**1 day**
Domestic large cap equity	**44,267,961**	**-**	**Daily**	**1 day**
103-12 Investment Entities				
Emerging markets closed-end funds	**11,878,192**	**-**	**Monthly**	**30 days**
International equities	**9,885,561**	**-**	**Monthly**	**5 days**
Alternative Investments – Limited Partnerships				
Emerging markets closed-end funds	**11,387,399**	**-**	**Monthly**	**30 days**
Real estate funds	**29,653,865**	**-**	**Quarterly**	**90 days**
International equities	**20,495,286**	**-**	**Monthly**	**15 days**
Multi-strategy hedge fund	**23,207,098**	**-**	**Quarterly**	**65 days**
Multi-strategy hedge fund	**23,946,548**	**-**	**Semi Annual**	**95 days**
Fixed income long duration fund	**91,020,644**	**-**	**Weekly**	**5 Days**
Fixed income long duration fund	**91,020,791**	**-**	**Daily**	**5 days**
Total	$ **459,624,588**	-		

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2016

OhioHealth Corporation
OhioHealth Cash Balance Retirement Plan
Active Employees

EIN: 31-4394942 PN: 333

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	6	50 $29,189 $1,916	12							
25-29	11	252 $44,109 $4,348	332 $51,162 $8,149	7						
30-34	5	171 $38,749 $4,825	706 $59,560 $12,283	236 $57,197 $20,416	14					
35-39	18	140 $50,273 $6,134	529 $66,155 $14,805	392 $73,522 $29,264	164 $65,994 $35,883	2				
40-44	17	103 $59,570 $7,595	484 $78,337 $19,694	352 $77,937 $35,297	287 $77,479 $47,688	65 $72,093 $52,222	6			
45-49	17	80 $48,174 $7,250	442 $70,671 $19,706	325 $70,399 $33,275	282 $72,123 $49,091	148 $79,532 $64,566	115 $76,867 $70,321	7		
50-54	22 $27,249 $0	91 $59,293 $9,988	355 $75,925 $22,838	272 $70,943 $37,234	245 $71,012 $51,738	169 $80,841 $66,033	241 $81,338 $84,928	111 $80,129 $90,094	25 $67,414 $82,378	
55-59	20 $23,577 $0	62 $61,819 $8,972	303 $71,864 $24,380	239 $75,366 $43,117	214 $71,976 $55,911	159 $83,381 $80,311	211 $81,768 $94,145	156 $78,187 $104,908	137 $74,174 $107,752	8
60-64	16	47 $59,808 $11,660	188 $75,016 $27,997	160 $77,787 $48,815	164 $68,602 $59,467	115 $75,732 $87,428	132 $75,211 $100,500	89 $79,464 $125,166	99 $67,483 $115,471	82 $67,352 $119,197
65-69	9	13	62 $72,199 $27,395	55 $67,130 $44,070	44 $78,530 $84,320	30 $81,580 $115,553	46 $64,928 $107,493	27 $82,333 $148,751	26 $65,144 $118,999	35 $68,303 $144,009
70+	13	8	15	13	8	8	7	5	4	12

N-10,349

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	2.73%
Cash Balance Annuity Conversion	Based on the underlying interest rates and the applicable mortality table as of the valuation date
Optional Payment Form Election Percentage	
Active Retirements	10% life annuity, 90% immediate lump sum
Future Vested Deferreds	
— Hired before January 1, 2003	25% immediate lump sum, 75% deferred to 65 lump sum
— Hired after January 1, 2003	10% immediate lump sum, 90% deferred to 65 lump sum
Current Vested Deferreds	
— Terminated prior to January 1, 1998	100% life annuity
— Terminated after December 31,1997	100% deferred to 65 lump sum
Future Deaths	
	100% immediate lump sum

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

For ERISA Requirements

Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 65
Mortality Rates	2016 static mortality table for annuitants and non-annuitants per IRC section 1.430(h)(3)-(1)e
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 85% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2015 plan year pensionable earnings
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $210,000 and the IRC section 401(a)(17) compensation limit of $265,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

For ERISA Requirements

Expected Return on Assets	
2014 Plan Year	6.35%
2015 Plan Year	6.02%
2016 Plan Year	6.40%
Trust Expenses Included in Target Normal Cost	The administrative and investment expenses paid from the plan's trust for the previous plan year excluding the PBGC premium plus the expected PBGC premium for the current year. This amount is rounded to the nearest $1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Table 1

Salary Increases—Sample Rates

Attained Age	2016	2017	2018	2019	2020+
20	3.36%	3.66%	3.51%	3.51%	3.66%
25	3.19%	3.47%	3.33%	3.33%	3.47%
30	2.98%	3.24%	3.11%	3.11%	3.24%
35	2.77%	3.01%	2.89%	2.89%	3.01%
40	2.55%	2.77%	2.66%	2.66%	2.77%
45	2.34%	2.54%	2.44%	2.44%	2.54%
50	2.12%	2.31%	2.22%	2.22%	2.31%
55	1.96%	2.13%	2.04%	2.04%	2.13%
60	1.82%	1.98%	1.90%	1.90%	1.98%
65	1.69%	1.84%	1.76%	1.76%	1.84%
70	1.69%	1.84%	1.76%	1.76%	1.84%

Table 2

Retirement Rates

Attained Age	Rate
Under age 53	2.5%
Ages 53–59	5.0%
Ages 60–62	7.5%
Ages 63–65	15.0%
Ages 66–74	20.0%
Ages 75 and older	100.0%

Table 3

Withdrawal—Sample Rates

Attained Age	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5+
20	39.90%	35.40%	32.40%	29.40%	26.40%	20.55%
25	34.65%	30.15%	27.15%	24.15%	21.15%	15.30%
30	30.00%	25.50%	22.50%	19.50%	16.50%	10.65%
35	28.20%	23.70%	20.70%	17.70%	14.70%	9.00%
40	26.70%	22.20%	19.20%	16.20%	13.20%	8.25%
45	25.20%	20.70%	17.70%	14.70%	12.15%	7.50%
50	23.70%	19.20%	16.20%	13.80%	11.40%	6.75%
55	22.20%	17.85%	15.45%	13.05%	10.65%	6.00%
60	20.85%	17.10%	14.70%	12.30%	9.90%	5.25%

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [x] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ [ ]

D Check box if filing under:
- [x] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE OHIOHEALTH CASH BALANCE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 07/31/1961

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
OHIOHEALTH CORPORATION

180 E. BROAD ST

COLUMBUS OH 43215

2b Employer Identification Number (EIN) 31-4394942

2c Plan Sponsor's telephone number 614-544-4570

2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Lisa Meddock	10/12/2017	LISA MEDDOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	16,779
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	10,349
a(2) Total number of active participants at the end of the plan year	**6a(2)**	9,729
b Retired or separated participants receiving benefits	**6b**	1,030
c Other retired or separated participants entitled to future benefits	**6c**	5,262
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	16,021
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	249
f Total. Add lines **6d** and **6e**	**6f**	16,270
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	33
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [X] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…….. ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

OhioHealth Cash Balance Retirement Plan
EIN -- 31-4394942
Plan Number -- 333
Schedule H, line 4j - Schedule of Reportable Transactions
Year ended December 31, 2016

Identity of Party Involved			Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5 percent of plan assets.					
GOVERNMENT SHORT TERM INVESTMENT FUND					
	166	Purchases	$ 64,534,405	$ 64,534,405	$ -
	226	Sales	64,155,747	64,155,747	-

There were no category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2016.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
OhioHealth Cash Balance Retirement Plan

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
OhioHealth Corporation

D Employer Identification Number (EIN)
31-4394942

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	538,003,420
b Actuarial value	**2b**	552,293,740

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,006	51,094,914	51,094,914
b For terminated vested participants	5,421	74,318,198	74,318,198
c For active participants	10,349	300,092,643	310,251,005
d Total	16,776	425,505,755	435,664,117

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.05%
6 Target normal cost	**6**	25,929,598

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

LAD
Signature of actuary

09/19/2017
Date

Lori A. DeVore
Type or print name of actuary

1705257
Most recent enrollment number

Aon Consulting, Inc.
Firm name

614-436-8100
Telephone number (including area code)

445 Hutchinson Ave
Suite 900
Columbus OH 43235
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.43%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		56,829,829
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.27%		3,563,230
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		60,393,059
	d Portion of (c) to be added to prefunding balance		60,393,059
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	60,393,059

Part III Funding Percentages

14	Funding target attainment percentage	14	112.90%
15	Adjusted funding target attainment percentage	15	126.77%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.91%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/13/2017	11,000,000	0			
04/14/2017	9,000,000	0			
07/14/2017	3,250,000	0			
09/15/2017	3,250,000	0			
			Totals ► 18(b)	26,500,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	24,611,338

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.43 %	5.91 %	6.65%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	25,929,598
b Excess assets, if applicable, but not greater than line 31a	31b	25,929,598

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	24,611,338
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	24,611,338
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.05%	Interest Adjusted Contribution
January 13, 2017	$ 11,000,000	378	$ 10,352,509
April 14, 2017	9,000,000	469	8,347,426
July 14, 2017	3,250,000	560	2,970,644
September 15, 2017	3,250,000	623	2,940,759
Total Contributions	$ 26,500,000		$ 24,611,338

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
50	2.50%	1.0000	1.25
51	2.50%	0.9750	1.24
52	2.50%	0.9506	1.24
53	5.00%	0.9269	2.46
54	5.00%	0.8805	2.38
55	5.00%	0.8365	2.30
56	5.00%	0.7947	2.23
57	5.00%	0.7549	2.15
58	5.00%	0.7172	2.08
59	5.00%	0.6813	2.01
60	7.50%	0.6473	2.91
61	7.50%	0.5987	2.74
62	7.50%	0.5538	2.58
63	15.00%	0.5123	4.84
64	15.00%	0.4354	4.18
65	15.00%	0.3701	3.61
66	20.00%	0.3146	4.15
67	20.00%	0.2517	3.37
68	20.00%	0.2013	2.74
69	20.00%	0.1611	2.22
70	20.00%	0.1289	1.80
71	20.00%	0.1031	1.46
72	20.00%	0.0825	1.19
73	20.00%	0.0660	0.96
74	20.00%	0.0528	0.78
75+	100.00%	0.0422	3.17
		Weighted Average	62.04

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	2.73%
Cash Balance Annuity Conversion	Based on the underlying interest rates and the applicable mortality table as of the valuation date
Optional Payment Form Election Percentage	
Active Retirements	10% life annuity, 90% immediate lump sum
Future Vested Deferreds	
— Hired before January 1, 2003	25% immediate lump sum, 75% deferred to 65 lump sum
— Hired after January 1, 2003	10% immediate lump sum, 90% deferred to 65 lump sum
Current Vested Deferreds	
— Terminated prior to January 1, 1998	100% life annuity
— Terminated after December 31,1997	100% deferred to 65 lump sum
Future Deaths	
	100% immediate lump sum

For ERISA Requirements

Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 65
Mortality Rates	2016 static mortality table for annuitants and non-annuitants per IRC section 1.430(h)(3)-(1)e
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 85% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2015 plan year pensionable earnings
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $210,000 and the IRC section 401(a)(17) compensation limit of $265,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

For ERISA Requirements

Expected Return on Assets	
2014 Plan Year	6.35%
2015 Plan Year	6.02%
2016 Plan Year	6.40%
Trust Expenses Included in Target Normal Cost	The administrative and investment expenses paid from the plan's trust for the previous plan year excluding the PBGC premium plus the expected PBGC premium for the current year. This amount is rounded to the nearest $1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Table 1

Salary Increases—Sample Rates

Attained Age	2016	2017	2018	2019	2020+
20	3.36%	3.66%	3.51%	3.51%	3.66%
25	3.19%	3.47%	3.33%	3.33%	3.47%
30	2.98%	3.24%	3.11%	3.11%	3.24%
35	2.77%	3.01%	2.89%	2.89%	3.01%
40	2.55%	2.77%	2.66%	2.66%	2.77%
45	2.34%	2.54%	2.44%	2.44%	2.54%
50	2.12%	2.31%	2.22%	2.22%	2.31%
55	1.96%	2.13%	2.04%	2.04%	2.13%
60	1.82%	1.98%	1.90%	1.90%	1.98%
65	1.69%	1.84%	1.76%	1.76%	1.84%
70	1.69%	1.84%	1.76%	1.76%	1.84%

Table 2

Retirement Rates

Attained Age	Rate
Under age 53	2.5%
Ages 53–59	5.0%
Ages 60–62	7.5%
Ages 63–65	15.0%
Ages 66–74	20.0%
Ages 75 and older	100.0%

Table 3

Withdrawal—Sample Rates

Attained Age	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5+
20	39.90%	35.40%	32.40%	29.40%	26.40%	20.55%
25	34.65%	30.15%	27.15%	24.15%	21.15%	15.30%
30	30.00%	25.50%	22.50%	19.50%	16.50%	10.65%
35	28.20%	23.70%	20.70%	17.70%	14.70%	9.00%
40	26.70%	22.20%	19.20%	16.20%	13.20%	8.25%
45	25.20%	20.70%	17.70%	14.70%	12.15%	7.50%
50	23.70%	19.20%	16.20%	13.80%	11.40%	6.75%
55	22.20%	17.85%	15.45%	13.05%	10.65%	6.00%
60	20.85%	17.10%	14.70%	12.30%	9.90%	5.25%

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date:	July 31, 1961
Effective Date of Last Amendment:	January 1, 2015
Plan Year:	January 1 to December 31
Employer Fiscal Year	July 1 to June 30
Employer ID Number:	31-4394942
Plan Administrator's ID Number:	31-4394942
Plan Number:	333
Plan Administrator:	OhioHealth Corporation

Eligibility
All covered employees become participants on the January 1 following the attainment of age 20½ and completion of 6 months of employment. Effective January 1, 2012, no new participants will be permitted to enter the Plan.

Service
A year of service is granted for a plan year if an employee is paid for at least 1,000 hours of work in the plan year.

Normal Retirement Date
The first of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit
The retirement plan account with accruals to Normal Retirement. The retirement plan account is a cash balance account which is determined based on Compensation Credits and Interest Credits provided by the plan.

Delayed Retirement
A participant is eligible to retire any time after reaching the Normal Retirement Date. The cash balance account will be based on the greater of the cash balance account as of the Delayed Retirement date or the Normal Retirement Benefit adjusted to reflect the delayed commencement date.

Early Retirement
A participant is eligible to retire anytime on or after the date the sum of age and service equals or exceeds 70. The benefit is based on the cash balance account with accruals to the date of determination.

Disability Retirement

Upon termination of employment due to disability, such participant shall continue to earn Interest Credits under the plan. Such participant is entitled to receive the vested account balance upon severance of employment due to the disability. Provided the disability occurs while a participant of the employer, the condition will be deemed to satisfy the disability provision if the participant is determined as disabled under the Social Security Act.

Compensation Credits

Participants will have their accounts credited on the last day of the plan year with a percentage of pay that varies based on age and service as of December 31 of each year. The schedule of contribution percentages is as follows:

Age Plus Service	Pay Credits
0-29	3%
30-44	4%
45-59	5%
60-74	6%
75+	7%

Transition credits were provided for the period of January 1, 1998 through December 31, 2002 for participants meeting certain criteria as of January 1, 1998.

Interest Credits

Interest will be credited to the cash balance account on the last day of the plan year. The interest is based on the average annual yield on 5-year Treasury securities for the fourth quarter of the preceding plan year. This amount will not be less than 2.73%. Interest is granted on the cash balance account as of the end of the prior plan year. Interest is credited through the end of the month preceding the date of distribution.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be based on the cash balance account as of the date of determination. Minimum benefits apply for certain former employees of Riverside Hospital and Grant Hospital based on provisions of prior plans.

Death Benefit

The surviving spouse will receive the preretirement death benefit equivalent to the value of the participant's vested cash account balance payable as a monthly annuity over the lifetime of the spouse. If unmarried, the designated beneficiary will receive an immediate payment of the vested cash balance account. Alternatively, the surviving spouse can elect to receive an immediate vested cash balance account.

Severance Benefit

Upon the termination of employment, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 3	0%
3 or more	100%

The cash balance account will continue to earn Interest Credits until this participant's Normal Retirement Date. The participant has the option to receive an immediate distribution of the cash balance account if requested within 180 days of termination. Effective for employees hired on or after January 1, 2003, distributions are disallowed until the sum of the terminated participant's age and service equals or exceeds 70 unless the lump sum value is less than or equal to $20,000.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

(1) A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his spouse for her lifetime after his death.

(2) A reduced benefit to be paid during the participant's lifetime with 75% of the reduced benefit or the same reduced benefit to be continued to his spouse for her lifetime after his death.

(3) A reduced benefit to be paid for 120 or 180 months certain and thereafter for life.

(4) A single life annuity

(5) A lump sum settlement.

The conversion of the cash balance account to a single life annuity is based on the applicable mortality table and the applicable interest rate as prescribed by the Secretary of Treasury as provided in Code Section 417(e) for the second month preceding the Annuity Start Date. All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity on the RP-2000 Mortality Table and an interest rate of 7.5%. The RP-2000 Mortality Table includes a projection to 2015 and is a blended table consisting of 75% of the RP-2000 female table and 25% of the RP-2000 male table.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the cash balance crediting rate from 2.73% for 2015 through 2017, 2.90% for 2018, 3.06% for 2019, 3.23% for 2020, 3.40% for 2021, 3.57% for 2022, 3.73% for 2023, and 3.90% for years after 2023 to 2.73% for all years.
- A change in the expected return on plan assets from 6.35% for 2014 to 6.02% for 2015.
- The trust expenses included in the Target Normal Cost was changed from the average of actual expenses for the two previous plan years to the previous year's expenses excluding the PBGC premium plus the expected PBGC premium for the current year.

These changes were made to better reflect the anticipated plan experience.

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2016

OhioHealth Corporation
OhioHealth Cash Balance Retirement Plan
Active Employees

EIN: 31-4394942 PN: 333

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	6 $29,189 $1,916	50	12							
25-29	11 $44,109 $4,348	252 $51,162 $8,149	332	7						
30-34	5 $38,749 $4,825	171 $59,560 $12,283	706 $57,197 $20,416	236	14					
35-39	18 $50,273 $6,134	140 $66,155 $14,805	529 $73,522 $29,264	392 $65,994 $35,883	164	2				
40-44	17 $59,570 $7,595	103 $78,337 $19,694	484 $77,937 $35,297	352 $77,479 $47,688	287 $72,093 $52,222	65	6			
45-49	17 $48,174 $7,250	80 $70,671 $19,706	442 $70,399 $33,275	325 $72,123 $49,091	282 $79,532 $64,566	148 $76,867 $70,321	115	7		
50-54	22 $27,249 $0	91 $59,293 $9,988	355 $75,925 $22,838	272 $70,943 $37,234	245 $71,012 $51,738	169 $80,841 $66,033	241 $81,338 $84,928	111 $80,129 $90,094	25 $67,414 $82,378	
55-59	20 $23,577 $0	62 $61,819 $8,972	303 $71,864 $24,380	239 $75,366 $43,117	214 $71,976 $55,911	159 $83,381 $80,311	211 $81,768 $94,145	156 $78,187 $104,908	137 $74,174 $107,752	8
60-64	16 $59,808 $11,660	47 $75,016 $27,997	188 $77,787 $48,815	160 $68,602 $59,467	164 $75,732 $87,428	115 $75,211 $100,500	132 $79,464 $125,166	89 $67,483 $115,471	99 $67,352 $119,197	82
65-69	9	13	62 $72,199 $27,395	55 $67,130 $44,070	44 $78,530 $84,320	30 $81,580 $115,553	46 $64,928 $107,493	27 $82,333 $148,751	26 $65,144 $118,999	35 $68,303 $144,009
70+	13	8	15	13	8	8	7	5	4	12

N-10,349

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.05%	Interest Adjusted Contribution
January 13, 2017	$ 11,000,000	378	$ 10,352,509
April 14, 2017	9,000,000	469	8,347,426
July 14, 2017	3,250,000	560	2,970,644
September 15, 2017	3,250,000	623	2,940,759
Total Contributions	$ 26,500,000		$ 24,611,338

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
50	2.50%	1.0000	1.25
51	2.50%	0.9750	1.24
52	2.50%	0.9506	1.24
53	5.00%	0.9269	2.46
54	5.00%	0.8805	2.38
55	5.00%	0.8365	2.30
56	5.00%	0.7947	2.23
57	5.00%	0.7549	2.15
58	5.00%	0.7172	2.08
59	5.00%	0.6813	2.01
60	7.50%	0.6473	2.91
61	7.50%	0.5987	2.74
62	7.50%	0.5538	2.58
63	15.00%	0.5123	4.84
64	15.00%	0.4354	4.18
65	15.00%	0.3701	3.61
66	20.00%	0.3146	4.15
67	20.00%	0.2517	3.37
68	20.00%	0.2013	2.74
69	20.00%	0.1611	2.22
70	20.00%	0.1289	1.80
71	20.00%	0.1031	1.46
72	20.00%	0.0825	1.19
73	20.00%	0.0660	0.96
74	20.00%	0.0528	0.78
75+	100.00%	0.0422	3.17
		Weighted Average	62.04

OhioHealth Cash Balance Retirement Plan
EIN -- 31-4394942
Plan Number -- 333
Schedule G, Part III - Schedule of Nonexempt Transactions
Year ended December 31, 2016

(a) Identity of Party Involved		(b) Relationship to Plan, employer or other party-in-interest	
OhioHealth Corporation		Plan Sponsor	
Description of the transactions including maturity date, rate of interest, collateral, par or maturity value			
Inadvertent loan from the Plan of $18,201 during the plan year ended, December 31, 2015			
Purchase price	Selling price	Lease rental/loan amount involved	Expenses incurred in connection with transaction
$ -	$ -	$ 18,201	$ -

This transaction was resolved in the year ended December 31, 2016.

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date:	July 31, 1961
Effective Date of Last Amendment:	January 1, 2015
Plan Year:	January 1 to December 31
Employer Fiscal Year	July 1 to June 30
Employer ID Number:	31-4394942
Plan Administrator's ID Number:	31-4394942
Plan Number:	333
Plan Administrator:	OhioHealth Corporation

Eligibility
All covered employees become participants on the January 1 following the attainment of age 20½ and completion of 6 months of employment. Effective January 1, 2012, no new participants will be permitted to enter the Plan.

Service
A year of service is granted for a plan year if an employee is paid for at least 1,000 hours of work in the plan year.

Normal Retirement Date
The first of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit
The retirement plan account with accruals to Normal Retirement. The retirement plan account is a cash balance account which is determined based on Compensation Credits and Interest Credits provided by the plan.

Delayed Retirement
A participant is eligible to retire any time after reaching the Normal Retirement Date. The cash balance account will be based on the greater of the cash balance account as of the Delayed Retirement date or the Normal Retirement Benefit adjusted to reflect the delayed commencement date.

Early Retirement
A participant is eligible to retire anytime on or after the date the sum of age and service equals or exceeds 70. The benefit is based on the cash balance account with accruals to the date of determination.

Disability Retirement

Upon termination of employment due to disability, such participant shall continue to earn Interest Credits under the plan. Such participant is entitled to receive the vested account balance upon severance of employment due to the disability. Provided the disability occurs while a participant of the employer, the condition will be deemed to satisfy the disability provision if the participant is determined as disabled under the Social Security Act.

Compensation Credits

Participants will have their accounts credited on the last day of the plan year with a percentage of pay that varies based on age and service as of December 31 of each year. The schedule of contribution percentages is as follows:

Age Plus Service	Pay Credits
0-29	3%
30-44	4%
45-59	5%
60-74	6%
75+	7%

Transition credits were provided for the period of January 1, 1998 through December 31, 2002 for participants meeting certain criteria as of January 1, 1998.

Interest Credits

Interest will be credited to the cash balance account on the last day of the plan year. The interest is based on the average annual yield on 5-year Treasury securities for the fourth quarter of the preceding plan year. This amount will not be less than 2.73%. Interest is granted on the cash balance account as of the end of the prior plan year. Interest is credited through the end of the month preceding the date of distribution.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be based on the cash balance account as of the date of determination. Minimum benefits apply for certain former employees of Riverside Hospital and Grant Hospital based on provisions of prior plans.

Death Benefit

The surviving spouse will receive the preretirement death benefit equivalent to the value of the participant's vested cash account balance payable as a monthly annuity over the lifetime of the spouse. If unmarried, the designated beneficiary will receive an immediate payment of the vested cash balance account. Alternatively, the surviving spouse can elect to receive an immediate vested cash balance account.

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Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

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Amendment or Termination of Plan

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If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

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OhioHealth Cash Balance Retirement Plan
EIN -- 31-4394942
Plan Number -- 333
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2016

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
INTEREST-BEARING CASH			
GOVERNMENT SHORT TERM INVESTMENT FUND	Investor Class	$ 2,768,982	$ 2,768,982
		2,768,982	**2,768,982**
CORPORATE, MUNICIPAL AND FOREIGN OBLIGATIONS			
LEHMAN BROTHERS HOLDINGS SR UNSECURED 08/09 0.00000	317,000.000 principal amount 0.000% due 8/22/2009	270,005	270,005
LEHMAN BROTHERS HOLDINGS SR UNSECURED 12/08 VAR	77,000.000 principal amount 0.000% due 12/23/2008	65,238	4,428
SIGMA FIN INC MEDIUM TERM TRANCHE TR 00519	454,401.850 principal amount 0.000% due 6/4/2009	454,339	286
CORPORATE AND FOREIGN STOCKS			
BALL CORP COM	2,780 shares	202,724	208,695
AFFILIATED MANAGERS GROUP INC COM STK	1,767 shares	221,437	256,745
WABTEC CORP COM	2,140 shares	173,693	177,663
BANK OF THE OZARKS INC COM	5,370 shares	225,374	282,408
BLUE BUFFALO PET PRODS INC COM	5,520 shares	138,810	132,701
EXACT SCIENCES CORP COM	13,150 shares	160,255	175,684
PANDORA MEDIA INC	7,206 shares	118,510	93,966
COLLIERS INTL GROUP INC COMMON STOCK	2,527 shares	56,756	92,867
OM ASSET MGT PLC COM GBP0.001	7,310 shares	125,987	105,995
VANTIV INC COM USD0.00001 A	4,413 shares	148,527	263,103
#REORG/SBA COMMUNICATIONS NAME CHANGE SBA 2E14AG2 01-17-2017	2,540 shares	154,704	262,280
SIX FLAGS ENTMT CORP NEW COM	6,426 shares	259,566	385,303
FACTSET RESH SYS INC COM STK	1,081 shares	124,014	176,668
IDEXX LABS INC COM	1,190 shares	77,536	139,551
CSRA INC COM	7,750 shares	215,175	246,760
GLAUKOS CORP COM	4,350 shares	141,918	149,205
OLD DOMINION FGHT LINE INC COM	4,806 shares	264,827	412,307
CAMBREX CORP COM	4,570 shares	211,884	246,552
AKAMAI TECHNOLOGIES INC COM STK	3,440 shares	169,852	229,379
ABIOMED INC COM	1,704 shares	85,420	192,007
ULTA BEAUTY INC COM STK	860 shares	141,469	219,248
WD 40 CO COM STK	1,660 shares	145,122	194,054
BOOZ ALLEN HAMILTON HLDG CORP CL A COM STK	8,737 shares	214,686	315,144
COSTAR GROUP INC COM	1,889 shares	245,500	356,058
CELANESE CORP DEL COM SER A STK	2,730 shares	140,290	214,960
ARISTA NETWORKS INC COM	1,640 shares	123,418	158,703
VEEVA SYS INC CL A COM CL A COM	6,170 shares	185,940	251,119
HEICO CORP NEW CL A CL A	2,580 shares	140,123	175,182
IBERIABANK CORP COM	1,250 shares	110,660	104,688
HERBALIFE LTD COM STK	2,400 shares	141,717	115,536
MIDDLEBY CORP COM	1,915 shares	170,321	246,671
DEVRY EDUCATION GROUP INC	5,736 shares	123,013	178,963
FIRSTCASH INC COM	3,466 shares	173,023	162,902
REPLIGEN CORP COM STK USD0.01	1,158 shares	27,657	35,690
ALIGN TECHNOLOGY INC COM	1,572 shares	64,374	151,116
VIRTU FINL INC CL A CL A	4,788 shares	104,925	76,369
VAIL RESORTS INC COM	519 shares	84,155	83,720
IMAX CORP COM	5,853 shares	182,948	183,784
BWX TECHNOLOGIES INC COM	6,470 shares	244,745	256,859
AXALTA COATING SYSTEMS LTD COM USD1.00	6,160 shares	173,047	167,552
COPART INC COM	4,910 shares	251,199	272,063
NU SKIN ENTERPRISES INC CL A CL A	1,520 shares	65,539	72,626
TAKE-TWO INTERACTIVE SOFTWARE INC CDT-COM CDT-COM	3,670 shares	150,607	180,894
FIRSTSERVICE CORP COMMON STOCK	3,758 shares	77,658	178,430
AMEDISYS INC COM	3,343 shares	141,219	142,512
JONES LANG LASALLE INC COM STK	1,279 shares	139,621	129,230
MAXIMUS INC COM	5,530 shares	305,346	308,519
SIGNATURE BK NY N Y COM	2,030 shares	230,606	304,906
METTLER-TOLEDO INTL INC COM	720 shares	182,711	301,363
SITEONE LANDSCAPE SUPPLY INC COM	3,190 shares	106,503	110,789
GUIDEWIRE SOFTWARE INC COM USD0.0001	5,347 shares	224,685	263,768
2U INC COM	5,637 shares	111,760	169,956
CARRIZO OIL & GAS INC COM	2,900 shares	132,414	108,315
DIAMONDBACK ENERGY INC COM	2,220 shares	153,345	224,353
CABLE ONE INC COM	140 shares	65,434	87,042
ADR WNS HLDGS LTD SPONSORED ADR	4,699 shares	88,201	129,457
HEALTHSOUTH CORP COM NEW STK	4,327 shares	149,922	178,445
ENCORE CAP GROUP INC COM	4,555 shares	161,900	130,501
LIGAND PHARMACEUTICALS INCORPORATED CL BCOMMON STOCK	2,693 shares	181,918	273,636
CENTENE CORP DEL COM	4,120 shares	250,025	232,821

OhioHealth Cash Balance Retirement Plan
EIN -- 31-4394942
Plan Number -- 333
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2016

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Value, Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
CORPORATE AND FOREIGN STOCKS (continued)			
TRANSDIGM GROUP INC COM	979 shares	$ 171,025	$ 243,732
DUN & BRADSTREET CORP DEL NEW COM	1,280 shares	146,589	155,290
UNVL ELECTRS INC COM	2,722 shares	182,630	175,705
TORO CO COM	3,338 shares	112,870	186,761
J2 GLOBAL INC COM	4,112 shares	205,108	336,362
AKORN INC COM	9,269 shares	231,275	202,342
HEXCEL CORP NEW COM	4,070 shares	170,320	209,361
MARTIN MARIETTA MATLS INC COM	860 shares	140,171	190,516
CBOE HOLDINGS INC COM	1,980 shares	77,393	146,302
TRACTOR SUPPLY CO COM	5,100 shares	337,983	386,631
		11,160,077	**13,910,787**
MUTUAL FUNDS			
ICM SMALL COMPANY PORTFOLIO ICM SMALL COMPANY PORT INSTL	457,673 shares	11,850,495	14,407,533
		11,850,495	**14,407,533**
COMMON AND COLLECTIVE TRUSTS VALUED AT NAV			
NT COLLECTIVE RUSSELL 1000 INDEX FUND	2,285,161 shares	39,921,477	55,938,447
THE NORTHERN TRUST LONG TERM BOND INDEX FUND LP	2,135,713 shares	93,420,097	102,458,705
		133,341,574	**158,397,152**
103-12 INVESTMENT ENTITIES VALUED AT NAV			
GRYPHON INTL EAFE GROWTH GROUP LIMITED PARTNERSHIP	795,037 shares	14,471,119	14,608,848
LAZARD EM SMALL CAP EQUITY TRUST FUND	978,078 shares	11,997,371	12,873,801
		26,468,490	**27,482,649**
ALTERNATIVE INVESTMENTS / LIMITED PARTNERSHIPS VALUED AT NAV			
BLACKSTONE PARTNERS V S LIMITED PARTNERSHIP	20,000,000 shares	24,000,000	28,852,732
CITY OF LONDON GLOBAL EMERGING □	232,253 shares	10,935,527	12,267,888
CLARION LION PROPERTIES FUND LLC	22,712 shares	19,558,163	27,459,392
MONDRIAN INTL SMALL CAP LIMITED PARTNERSHIP	813,925 shares	15,637,599	16,566,537
PRISMA SPECTRUM FUND, LTD. LIMITED PARTNERSHIP	19,328 shares	24,500,000	27,997,482
THE LGIMA LONG DURATION US CREDIT FUND ,LLC	87,200,000 shares	87,200,000	100,791,720
IR M LONG CREDIT FUND MUTUAL FUND	9,393,019 shares	93,874,058	100,395,973
BAXTER STREET FUND II LP	13,000,000 shares	13,000,000	13,398,445
		288,705,347	**327,730,169**
		$ 475,084,548	$ 544,971,991

Schedule SB Attachment (Form 5500)—2016 Plan Year
OhioHealth Cash Balance Retirement Plan
EIN: 31-4394942 PN: 333

Schedule SB, line 24—Change in Actuarial Assumptions

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- A change in the expected return on plan assets from 6.35% for 2014 to 6.02% for 2015.
- The trust expenses included in the Target Normal Cost was changed from the average of actual expenses for the two previous plan years to the previous year's expenses excluding the PBGC premium plus the expected PBGC premium for the current year.

These changes were made to better reflect the anticipated plan experience.